

Welcome to River Bridge

New Owner/Resident Name(s): _____

Tenant Name(s): _____

River Bridge Address: _____

We are excited that you have made the decision to be a resident in our community. To make your move easier, we have listed a checklist of items that are required to enter your information into our database and issue vehicle transponders and access cards.

Vehicle transponders & access cards are \$20.00 per device. Bring CASH, CHECK, MONEY, OR CASHIER'S CHECK ONLY. We DO NOT ACCEPT CREDIT/DEBIT CARDS!

Orientation Check List:

- ☐ **POA Appointment has been scheduled in advance after receipt of collection of POA RECREATIONAL/CAPITAL CONTRIBUTION \$1,000.00). RECREATIONAL/CAPITAL CONTRIBUTION SHOULD BE PAID AT LEAST 1 WEEK BEFORE CLOSING. Walk-ins will be turned away! For an APPOINTMENT, please call (561) 968-6054; See attached Orientation Form for additional information.**
- ☐ HOA approval letter signed and dated by the HOA.
River Bridge General Resident Information Form (GRI) completed by the resident/tenant.
- ☐ Copy of Warranty Deed and Closing Statement (Settlement Agreement)
- ☐ Copy of Lease Agreement-If Rental
- ☐ Telephone Directory Consent Form completed and signed-*Attached*
- ☐ Copy of Pet License Agreement-If Applicable
- ☐ Copy of Vehicle Registration(s)- Vehicle must be present for installation of transponder.
- ☐ Copy of Driver's License(s)

After Orientation Check List:(FOR STAFF ONLY)

- ☐ Send Communications Provider New Homeowner/Tenant Details
- ☐ Update River Bridge Mail Out List (spreadsheet)
- ☐ Update Directory (Add/Remove New/Old Owner/Tenant Information If Applicable)
- ☐ Update RBPOA Website (for E-blast Notifications)

Information verified and entered in ABDI by: _____

Date: _____

River Bridge POA

Orientation Appointments Only

We are excited that you have made the decision to be a resident in our community. New resident orientation typically takes 30-45 minutes which is why an appointment is required.

New residents **MUST SCHEDULE AN APPOINTMENT** with the POA Administrative secretary, Sarita Stanford, at 561.968.6054 prior to arriving.

This document must be signed and attached to all River Bridge Welcome Packages and clarifies that new resident has been advised that an appointment is required and that walk-ins are not and will not be accepted moving forward.

Buyers/ For Purchases- Once your closing date and time has been set with the title company handling the transaction, please call the POA office and schedule your appointment. The POA cannot assist new homeowners and give them access to the community until they are the rightful owners.

Tenants/ for lease- The POA cannot meet with new tenants until the lease actually goes into effect.

I/We acknowledge that I/We have read and understand that an appointment must be scheduled prior to coming into the POA office to receive access to the community seeking transponders for gate access and access cards for the amenities.

Signature _____ Date _____

Signature _____ Date _____

Notice to Riverbridge POA

Please be advised that unit (address):

Sub-Association: _____

Owned by: _____ has been



Sold

Closing Date: _____

New owners name: _____

Address: _____

City, State: _____

Telephone No. _____ Cell: _____

Total Number of Residents: _____ # of Adults _____ # of Children _____



Rented

Rental Dates: From _____ To _____

New Renters name: _____

Address: _____

City, State: _____

Telephone No. _____ Cell: _____

Total Number of Residents: _____ # of Adults _____ # of Children _____

RIVER BRIDGE GENERAL RESIDENT INFORMATION FORM (GRI)

☐ OWNER



RENTER

PIN NO. _____ (Generated by System)

(Must check "Owner" or "Renter" Box)

LAST NAME

FIRST NAME

SPOUSE/PARTNER LAST NAME

FIRST NAME

RIVER BRIDGE ADDRESS

GREENACRES FL 33413

HOME PHONE NO.

CELL NO/CONTACT NAME

CELL#2/CONTACT NAME

OTHER # /CONTACT NAME

E-MAIL ADDRESS

E-MAIL ADDRESS

EMERGENCY CONTACT

CONTACT PHONE NO.

ALL OTHER PERSONS RESIDING AT THIS ADDRESS

(Please include ages of children under 18)

LAST NAME

FIRST NAME

AGE

LAST NAME

FIRST NAME

AGE

LAST NAME

FIRST NAME

AGE

LAST NAME

FIRST NAME

AGE

VEHICLE TRANSPONDER (S) INFORMATION

VEHICLE LIC. (TAG) 1

VEHICLE LIC. (TAG) 2

VEHICLE LIC. (TAG) 3

VEHICLE LIC. (TAG) 4

VEHICLE LIC. (TAG) 5

MAKE/MODEL

MAKE/MODEL

MAKE/MODEL

MAKE/MODEL

MAKE/MODEL

YEAR/COLOR

YEAR/COLOR

YEAR/COLOR

YEAR/COLOR

YEAR/COLOR

TRANSPONDER 1

TRANSPONDER 2

TRANSPONDER 3

TRANSPONDER 4

TRANSPONDER 5

ACCESS CARD NUMBER

FOR OFFICE USE ONLY

☐ Proof of Vehicle Registration

☐ Proof of Drivers License

Received on: _____

PERMANENT VISITORS LIST

(Family/Friends)

1. _____
2. _____
3. _____
4. _____
5. _____

PERMANENT VENDOR LIST

(Service Vendors)

1. _____
2. _____
3. _____
4. _____
5. _____

(Medical)

All occupied Homeowners will be allowed to have (5) personal guests, (5) vendors and unlimited medical representatives.

Owners not occupying their home year round cannot have a permanent guest list; only exceptions are vendors maintaining their home which will also be limited to (5) vendors.

All guests must abide by the posted rules when using any of the common facilities of River Bridge. All homeowners are responsible for their renters, guests and visitors, who are required to abide by all POA, HOA and condominium rules and regulations. Identification may be required if asked for by security personnel. River Bridge is a neighborhood watch community. The Greenacres Public Safety Department cooperates fully in enforcing traffic regulations and security issues.

There is a \$20.00 fee for each new Access Card, or replacement card. Transponder cost \$20.00 each & motorcycle Transponders \$30.00. Transponders cannot be transferred to another vehicle – once removed they are deactivated.

Access cards or transponders are only for the use of River Bridge residents and are issued to those legally residing in the community.

If you are a new homeowner, you will need to provide the POA office with a copy of your deed or settlement statement. For renters you will need to provide a copy of your lease agreement.

PRINT NAME

PRINT SPOUSE/PARTNER NAME

SIGNATURE

DATE

SPOUSE/PARTNER SIGNATURE

DATE

(Rev. 11/20/2018)

OWNERS/ SEASONAL OWNERS

*Please complete this form if you would like your mail from
the POA sent to a non- Riverbridge address*

Owners Name: _____

Mailing Address:

Owners Current Telephone Number: _____

RIVER BRIDGE TELEPHONE DIRECTORY

**IF YOU DO NOT WANT YOUR INFORMATION
PUBLISHED YOU MUST OPT OUT!!!**

PLEASE CHOOSE ONE OPTION

☐ No, I do not want my information published in any future River Bridge Directories. In the future if I change my mind, I understand I must change this form.

X _____
Signature

Address _____

☐ Yes, I wish to have my information published in any future issues of the River Bridge Directory. In the future if I change my mind, I understand I must change this form.

Please provide information as it will appear in the Directory below
And please sign the Consent form on the following page.

Name _____ Please print clearly

Name _____ Please print clearly

Address _____

Telephone # _____

RIVER BRIDGE PROPERTY OWNERS' ASSOCIATION, INC.

AUTHORIZATION AND CONSENT FOR PUBLICATION OF CONTACT INFORMATION

The undersigned(s), _____, being the owner/tenant of a residential unit governed by the River Bridge Property Owners' Association, Inc. hereby consents to and authorizes the River Bridge Property Owners' Association, Inc. to publish the undersigned's(s) name, address and telephone number in the River Bridge Community Directory. By this authorization and consent, the undersigned(s) expressly waives his or her right to have such contact information kept confidential under Florida Statutes Chapter 718.

The authorization and consent given hereby will remain in force and effect until it is revoked by subsequent written notice delivered to the River Bridge Property Owners' Association, Inc.

Date_____ Owner/Tenant Signature_____

Owner/Tenant Printed Name_____

Owner/Tenant Signature_____

Owner/Tenant Printed Name_____



100 River Bridge Boulevard
West Palm Beach, FL 33413

Acknowledgement By Applicants

By signing below, I/We hereby certify:

1. That I/We agree on behalf of all persons who may use the unit, which I seek to lease myself, that I/We will abide by all the requirements of the River Bridge POA Second Amended and Restated Declaration of Protective Covenants and Restrictions, and the River Bridge POA Rules and Regulations.
2. That I/We agree that all of the information contained in the application is true and complete and that any False or Misleading information given in this application constitutes grounds for rejection of this application and revocation of my right to reside on this property.
3. That I/We give my/our permission for a Nationwide Law Enforcement Background investigation and credit history verification.
4. That NO persons other than those shown on My/Our application will reside in the unit and I/We agree that anyone moving into the unit at a later date will have to be approved by the Landlord, HOA in which the home is located in and registered with the POA and a background investigation done at the applicants expense.
5. I/We acknowledge that I/We have received, read, understand and agree to abide by the Property Association's Documents and Rules and Regulations and the POA may terminate the lease for failure to follow the Documents and Rules and Regulations.

Signature of Tenants: _____

Date: _____

Date: _____

Affidavit of Receipt of POA Documents

This is to certify I, _____ intend to purchase/lease
(Insert owner's/tenants name)

_____ and that accordingly I have received The River
(Insert Property Address)

Bridge POA's Second Amended and Restated Declaration of Protective Covenants
and Restrictions and the POA Rules and Regulations and that it is my
responsibility to read and abide by the terms and conditions of all documents
received.

This is certified to be so by:

Owner/ Tenant Signature

Owner/ Tenant Signature

Date